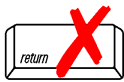


**Asbestos Notification Form ANF-001****Affix Asbestos
Notification Decal
Here****A. Asbestos Abatement Description****Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

**INSTRUCTIONS**

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

2. Submit Original Form to:
Commonwealth of Massachusetts
Asbestos Program
PO Box 120087
Boston MA 02112-0087

1. Facility Location:

Name of Facility

Street Address

City/Town

State

Zip Code

Telephone

Worksite Location:

Building name, #, wing, floor, room.

2. Is the facility occupied? ☐ Yes ☐ No**3. Asbestos Contractor:**

Name

Address

City/Town

Zip Code

Telephone

DOS License #

Contract Type: ☐ Written ☐ Verbal

Facility Contact Person

Contact person's title

4. Name of On-Site Supervisor/Foreman

DOS Certification #

5. Name of Project Monitor

DOS Certification #

6. Name of Asbestos Analytical Lab

DOS Certification #

7. Project Start Date

End Date

Work hours Mon-Fri.

Work hours Sat-Sun.

8. What type of project is this?☐ Demolition☐ Renovation☐ Repair☐ Other, please specify:**9. Check abatement procedures:**☐ Glove bag☐ Encapsulation☐ Enclosure☐ Disposal only☐ Cleanup☐ Other, specify:☐ Full containment**10. Is the job being conducted:** ☐ Indoors? ☐ Outdoors?

**Asbestos Notification Form ANF-001****A. Asbestos Abatement Description (cont.)**

11. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

pipes or ducts (linear ft)			other surfaces (square ft)		
Boiler, breaching, duct, tank surface coatings	lin. ft	sq. ft	Insulating cement	lin. ft	sq. ft
Corrugated or layered paper pipe insulation	lin. ft	sq. ft	Trowel/Sprayer coatings	lin. ft	sq. ft
Spray-on fireproofing	lin. ft	sq. ft	Transite board, wall board	lin. ft	sq. ft
Cloths, woven fabrics	lin. ft	sq. ft	Other, please specify:		
Thermal, solid core pipe insulation	lin. ft	sq. ft		lin. ft	sq. ft

12. Describe the decontamination system(s) to be used:

13. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

14. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

Name of DEP official	Title
Date of Authorization	Waiver #
Name of DOS official	Title
Date of Authorization	Waiver #

15. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A-F apply to this project? ☐ Yes ☐ No

B. Facility Description

1. Current or prior use of facility: _____

2. Is the facility owner-occupied residential with 4 units or less? ☐ Yes ☐ No

3. Facility Owner Name _____ Address _____

City/Town _____ Zip Code _____ Telephone _____

4. Name of Facility Owner's On-Site Manager _____ Address _____

City/Town _____ Zip Code _____ Telephone _____

**Asbestos Notification Form ANF-001****B. Facility Description (cont.)**

5. _____
Name of General Contractor Address

City/Town Zip Code Telephone

Contractor's Worker's Comp. Insurer Policy # Exp. Date
6. What is the size of this facility? _____
Square Feet # of floors

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary) to final disposal site:

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

- _____
Name of transporter Address

City/Town Zip Code Telephone
2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:
- _____
Name of transporter Address

City/Town Zip Code Telephone
3. Refuse transfer station and owner
- _____
Address

City/Town Zip Code Telephone
4. Final Disposal Site location name
- _____
Owner's Name

Address City/Town

State Zip Code Telephone

D. Certification

Note: Contractor must sign this form for DOS notification purposes

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

_____ Name	_____ Authorized Signature
_____ Position/Title	_____ Date
_____ Telephone	_____ Representing
_____ Address	_____ City/Town
	_____ Zip Code

Fee exempt (city, Town, district, municipal housing authority, owner-occupied residential of four units or less?) ☐ Yes ☐ No